

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000217

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 81

FILED FEB 11 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Rich Hill	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis Fischel State Cancer		d. STREET ADDRESS (If outside, give location) Route # 1	
3. NAME OF DECEASED (Type or print) William Loyd Brawner		4. DATE OF DEATH Month 2 Day 1 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-29-79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. City Park Employee		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME Brawner Lloyd		11b. MOTHER'S MAIDEN NAME Martha Crume Brawner	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)		12b. SOCIAL SECURITY NO.	
13. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Renal Failure Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. Anterior renal nephrosclerosis & Major Surgery DUE TO (b) DUE TO (c)		14. NAME OF HUSBAND OR WIFE Lillian Brawner	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of anus		15. INTERVAL BETWEEN ONSET AND DEATH 2 days 2 days	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-21-63 to 2-1-63 and last saw him alive on 2-1-63 Death occurred at 7:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE Robert L. Hest M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED		23b. DATE 2-2-63	
23c. NAME OF CEMETERY OR CREMATORY Oak Hill-Burial Mo.		23d. LOCATION (City, town, or county) (State) Rich-Hill MO.	
24. FUNERAL DIRECTOR Parkers Funeral Service		25. DATE RECD. BY LOCAL REG. Feb 2 1963	
26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.